## Am

## PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231



MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

28886	28886 7590 04/23/2002 CLARK HILL, P.C.			Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.		
500 WOODWARD AVENUE, SUITE 3500 DETROIT, MI 48226				Certificate of Mailing I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.		
			<i>y</i> [	J.H. Fournier		(Depositor's name)
<b>.</b> .				Attomne		(Signature)
	_	RACENA		(0)10	2/19/02	(Date)
09/05917	<u> </u>			- 1/2	TTORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO.	09/659,172 09/11/2000		Ted A. Lilley	<u>ok</u>	3835.00002	6251
TITLE OF INVENTION: QUICK CONNECT HYDRANT NOZZLE FOR CONNECTING A FIRE HOSE TO A FIRE HYDRANT						
TOTAL CLAIMS	APPLN. TYPE	SHOULL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
11	nonprovisional	NO	\$1280	\$0	\$1280	07/23/2002
EXAM	INTER COL	ART UNIT	CLASS-SUBCL	ASS		
	, AARON M	3679	285-36000	0		
CFR 1.363). Use of PTO but not required.  Change of correspon Address form PTO/SB.  "Fee Address" indica PTO/SB/47) attached.  3. ASSIGNEE NAME AN	dence address (or Chan 122) attached. ation (or "Fee Address"	Indication form	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
RLS Group			White Lake, MI			
Please check the appropriate assignee category or categories (will not be printed on the patent)						
4a. The following fee(s) a	re enclosed:		4b. Payment of Fee(s):			
₽ Issue Fee			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.			
D Publication Fee			The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1759 (enclose an extra copy of this form).			
application identified abo		ADEMARKS is requested to	apply the Issue Fo	e and Publication Fee (if	any) or to re-apply any pre	viously paid issue fee to the
(Authorized Signature)  David J. Simonelli  NOTE; The Issue Fee and Publication Fee (A Aquilled) will not be proper other than the applicant; a registered adorser, or agent; or the assigned interest as shown by the records of the United States Patent and Trademark Co			pto from anyone of other party in Office.	07/26/2002 01 FC:242 02 FC:561	MBIZUNE2 00000054 50 15.00 CH	1759 09659172 <i>~</i> 640.00 DP
depending on the needs	to take 0.2 hours to complet Any comments on the amoun hief information Officer, Un 1. DO NOT SEND FEES O S AND THIS FORM TO: n, D.C. 20231	ited States Patent				
Under the Paperwork Reduction Act of 1995, no persons are required to recollection of information unless it displays a valid OMB control number.						